INTRODUCTION

Socio-economic status (SES) has been recognized as an important determinant of health since the early part of this century. The 1994 conference on "Measuring Social Inequalities in Health" recommended that health data, including government surveys, vital records systems and cancer registries collect and present data on SES. Two of their recommendations were: data collection should include variables that portray occupation, assets, and household composition; and that the data on the relationship between SES and health be available at the state and local level to improve public health program planning.

The adverse effects of severe poverty on health seem undeniable. People with insufficient resources often live in substandard housing, experience poor diets and malnutrition, and have inadequate medical care, all of which contribute to poor health. Gradients in health exist not only between the extremes of SES; people at one income level often possess better health than persons with only slightly less income (Adler, et al., 1994).

Measures of SES traditionally include, income, assets, education, and occupation, or some combination of them. The 1996 Health Status Survey addressed these factors as well as other measures important for exploring the relationship between SES and health status. This survey contained questions about income, education, and assets such as having household savings, health insurance and home ownership. The 1996 survey also examined how respondents rated their jobs. Adults, employed outside the home or who reported their occupation as "keeping house," were asked how their jobs compare with an "average job." The present survey also contained several questions regarding such assets as having household savings, having health insurance, and owning their residence.

Research literature implies that health is affected not only by one's standard of living and working conditions, but also by involvements with family and others in different social contexts (Krieger, Williams, & Moss, 1997). This survey included information about the relationships among individuals in each household. In addition to information on SES, we also asked respondents their religious affiliation and whether they attended services "about once a week or more, or less often than once a week."

Health status at the community level is often assessed using death rates, incidence or prevalence of disease or disability, or utilization of health care. These methods have important limitations at the community level and even more so at the individual level. An alternative is to use individuals self-reported health status. The Medical Outcomes Study SF-12 (Ware, Kosinski, & Keller, 1996) was developed to provide standard measures of individuals self-reported health status. For this analysis, three items from the SF-12 were selected as indicators of health status. Two SF-12 items asked whether the respondent had "accomplished less" as a result of their physical or mental health. These health indicators were asked of the survey's 6,131 randomly-selected adult respondents. The third indicator asked whether the individual judged their health status to be "poor," "fair," "good," "very good," or "excellent." For these analyses, persons who responded that their health status was "fair" or "poor" were grouped together. This question was asked of all persons in the survey. SES can be unstable and its measurement inaccurate for young adults, so this analysis was restricted to adults age 25 years or over.

Socio-Economic Status and Health is organized into three sections: Highlights; Reference Tables and a Technical Appendix.

The **Highlights** section presents figures that illustrate the relationship between the three selected measures of health status and the different measures of SES included in the survey. Several tables are presented together for each measure of SES. In each grouping of figures a figure showing all three indicators of health status is followed by figures showing selected measures of health status stratified by age and/or by sex when different in pattern or magnitude from overall percentages. A final grouping of figures compares measures of health status obtained in the 1986, 1991 and 1996 surveys.

The **Reference Tables** section provides detailed survey estimates and the 95% confidence intervals that correspond with the figures in the Highlights section as well as additional more detailed tabulations. Analyses by local health district are presented for select SES and health status measure.

The final section, a **Technical Appendix**, describes the Health Status Survey data collection methodology and analysis process.